"ART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FLE Commissioner for Patents P.O. Box 1450
Alexandria, Virginia 22313-1450

or <u>Fax</u> (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as

| indicated unless correcte maintenance fee notifical | | nerwise in Block I, by (a | , | • | ` ' | • . | rate "FEE ADDRESS" for |
|--|------------------------------|---|---|-----------------------|---------------|----------------|------------------------|
| CURRENT CORRESPOND | Not Fee pap | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. | | | | | |
| 27365 | 7590 07/22 | /2010 | hav | e its own certificate | of mailing or | transmission. | _ |
| SEAGATE TE C/O WESTMAN SUITE 1400 | I he Stat add: tran | Certificate of Mailing or Transmission I hereby certify that this Fec(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. | | | | | |
| 900 SECOND A | | (Depositor's name) | | | | | |
| MINNEAPOLIS, MN 55402-3244 | | | | (Signature) | | | |
| | | | | | | | (Date) |
| APPLICATION NO. | FILING DATE | | FIRST NAMED INVENTOR | | ATTORNEY | DOCKET NO. | CONFIRMATION NO. |
| 10/791,051 | 10/791,051 03/02/2004 | | Victor ChiSiang Choo | | STL11375 2836 | | 2836 |
| TITLE OF INVENTION: CLAMP OR CLAMP ASSEMBLY HAVING A LOW PROFILE | | | | | | | |
| APPLN. TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSU | E FEE TOT | TAL FEE(S) DUE | DATE DUE |
| nonprovisional | NO | \$1510 | \$300 | \$0 | | \$1810 | 10/22/2010 |
| EXAM | EXAMINER ART UNIT | | CLASS-SUBCLASS |] | | | |
| KIM, PAUL D 3729 | | 029-603030 | " | | | | |
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form | | | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is 3 | | | | |
| PTO/SB/47; Rev 03-0 Number is required. |)2 or more recent) attach | 2 registered patent attorneys or agents. If no name is 3 | | | | | |
| 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) | | | | | | | |
| PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. | | | | | | | |
| (A) NAME OF ASSIG | GNEE | (B) RESIDENCE: (CITY and STATE OR COUNTRY) | | | | | |
| Seagate Tec | chnology LLC | Scotts Valley, CA | | | | | |
| Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🖾 Corporation or other private group entity 🗀 Government | | | | | | | |
| 4a. The following fee(s) | | (Please first reapply any previously paid issue fee shown above) | | | | | |
| Issue Fee | | ☐ A check is enclosed. | | | | | |
| | No small entity discount p | X Payment by credit card. Form PTO-2038 is attached. X The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any | | | | | |
| overpayment, to Deposit Account Number 23-1123 (enclose an extra copy of this form). | | | | | | | |
| 5. Change in Entity Status (from status indicated above) \[\begin{align*} \text{ \text{L} a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.} \end{align*} \text{ \text{L} b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).} \] | | | | | | | |
| NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office. | | | | | | | |
| Authorized Signature | /Deirdre N | Megley Kvale/ | ···· | Date Set | otember | 23, 2010 | |
| Typed or printed nam | c Deirdre M | Megley Kvale | | Registration N | No. 35,6 | 12 | |
| This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450. Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. | | | | | | | |
| The state of the s | | | | | | | |